CHAPTER – I
INTRODUCTION

An orphan is a child who has lost either a single parent or both the parents and suffers for love, affection, care and concern. It is estimated that around 220 million orphans are in worldwide. Everyday in world 5,760 children become orphan. Each year 14,505,000 children grow up as orphans and age out of the system by age sixteen (Sherin Justus, 2010).

The International classification defines an orphan as a child who has lost one or both parents (UNAIDS, 2004). An adolescent may become an orphan because of the death or disappearance, abandonment or desertion, or separation or loss of both parents.

Skinner et al. has defined an orphan as “a child below the age of 18 who has lost one or both parents through death, desertion or if the parents are unable or unwilling to provide care”.

A child who is below 18 years of age and who has lost one or both parents may be defined as an orphan (George, 2011). Maternal orphan is referred to as a child who has lost the mother, paternal orphan is referred to as a child who has lost the father and double orphan is referred to as a child who has lost both the parents. Social orphans are children who are living without parents because of abandonment or because their parents gave them up as a result of poverty and alcoholism or imprisonment. (Dillon, 2008).

These orphan children do not get love and affection from others in the society or the society does not understand their feelings from their innocent smile. They do not have any role model to follow and they just live and learn things from their environment. Death of their parents, lack of love and affection from others in the society, lack of care and concern from their siblings makes these orphans to land up with psychological problems. They undergo bitter
childhood experiences which plays a vital part in shaping the personality of the orphan children. With these poor childhood experiences the adolescent orphan come across the stage of adolescence, which is said to be crucial stage of development and form the basis for adulthood. It is the stage where physical, emotional, psychological and cognitive growth takes place. The emotional and physical changes have an impact on the behaviours of the adolescent orphan. It is a period where the adolescent tries to take up risks in their life events and indulge in experimentation. Hence family plays a key role in enabling the adolescents to develop healthy relationship with their environment and provide them love and affection in order to create healthy adjustment in the psychological and social development. But when such an opportunity is denied for the adolescent orphan they become an easy prey for deviant behaviour and poor formation of attitude. Moreover they are being stigmatized by the society and the way people look at them makes them to be indifferent and suppress their expressions. They do not have the recognition from the society and due to lack of access to education; nutritious diet and loneliness in them pose a major problem for their development and have an adverse effect on their mental health. Moreover, these orphans are considered as burden for other members in the family and place them in the Institutional care.

According to the JJ Act 2000 “children’s home” means an institution established by a State Government or by voluntary organization and certified by that Government under section 34. Institutionalization means that the placement of children in institutions, such as orphanages. Their placement in institutions during early critical developmental periods, and for lengthy periods of time, is often associated with developmental delays due to environmental deprivation, poor staff to child ratios, and/or lack of early childhood stimulation. It also depends upon the age when they are institutionalized, their experience before the admission in the institutional care has a high impact on the physical and mental health of orphans.
The Profile of Orphan in India

The number of orphans in India stands at approximately 55 million children between the age 0 to 12 years, which is about 47% of the overall population of 150 million orphans in the world (GCM India; UNICEF, 2005). India is the world’s largest democracy with a population of over a billion people, of which 400 million are children. Approximately 18 million of this number of children live or work on the streets of India, and majority of them are involved in crime, prostitution, gang related violence and drug trafficking; however, a large number of these children are orphans (Shrivastava, 2007).

UNAIDS (2006) declared that there is 132, 700,000 orphan children worldwide between the age group of 0-17years. In India it is estimated to have 25,700,000 orphans.

According to United Nations Children’s Fund (UNICEF, 2010), it is estimated that, there were 132 million orphaned children across the globe (about 2% of the world’s population), which is infact a shocking number. Of these children, 69 million were located in Asia, 53 million in Sub-Saharan Africa, and 10 million in Latin America and the Caribbean. India alone has 32 million orphan children (i.e. 2.6% of India’s population or 7.5% of India’s child population).

In the year 2007 it was estimated to have 1135 registered children homes under the Juvenile Justice Act (2000) in India. In Tiruchirappalli alone it is estimated to have 64, out of which 11are Government aided institutions.

Developmental Needs of Adolescents

Children are the asset of a nation. Their personality development is based on the experiences gained by them as children. The childhood experience plays a vital part in shaping the personality of the individual. The characteristics of adulthood such as addressing with self-confidence, motivation, desires, stress coping strategies, anxiety management ability to make decisions and the
recognition from the society, responsibility as adult is shaped by the experiences gained by them as children. Adverse situation that arise in the developmental stage will affect the phase of development and will bring about drastic change in the environment of the children in the absence of parental role to fulfill the needs of the children.

**Psychological Needs of Adolescent Orphans**

As adolescence is a period of revolutionary changes, the adolescents may have variety of psychological needs such as love, emotional bond, affection, care and concern from their parents, likings from their siblings and they want to love and to be loved by all in the surroundings (Murthy and Smith, 2005). They also look for autonomy, privacy and independency in all their matters. They would like to get guidance from their parents and friends in certain matters such as choosing the academics and the career. They also expect motivation and encouragement from their parents, friends and relatives in their neighbouring environment. They look for recognition and approval from the society to act as individual. But the sudden dismissal of their parents brings about lot of psychological distress in them and reflects in the behaviour such as frustration, anger, sadness, aggressiveness, suspicious and sometimes become violent in nature (Griesel-Roux, 2004).

**Social Needs of Adolescent Orphans**

The adolescent orphans do not have the opportunity to experience the love of their parents which make them timid and they may not be able to extend their relationship with others in the environment such as not able to maintain cordial relationship with others in the Institution. They may become stubborn and may not adjust with the care givers and roommates in the institution and also with authorities, teachers and classmates in schools. They always look indifferent in their behaviours and it may not be an acceptable behaviour which many a time may make others to feel disturbed with the adolescent orphan. Sometimes they may not have close friends because they
do not like to share about themselves and always try to be alone. This also creates psychological distress in the minds of adolescent orphans. So they become an easy prey for deviant behaviours such as smoking, drug addiction, stealing, lying, disobedient, aggressiveness and truancy (Hope, 1999).

Need of the Adolescent Orphans in the Institutional Care

Adolescent orphans in the institutional care want to be showered with love and care by the caregivers. They need to be given nutritious diet and provide proper health care in the institution. They also look for homely atmosphere in the institution. Hence the care givers need to teach the adolescent orphan to keep their rooms clean and tidy, rooms with proper lighting, spacious and ventilation apart from addressing the necessities of the adolescent orphans and help in fulfilling their daily needs such as food, shelter and clothing (Ruxin et al, 2005). They also look for guidance and moral support from others in the society. Hence it becomes essential to teach the Adolescent orphans with life skills such as decision making skill, problem solving skill, coping with emotions, coping with stress, communication skill, establishing interpersonal relationship skill and self-awareness in order to enable the adolescent orphans to adjust with others in the institution and in the environment and strengthen their mental health and promote development of their personality (Karim and Karim 2005).

Factors Responsible for Orphanhood

(i) Personal Factors

Death of the parents due to alcoholism, poverty, accidents and health problems makes an individual to become orphan. The orphan is deprived of psychological care and concern from the parents which is very essential for the development of the child.

(ii) Social Factors

Industrialization, westernization has brought about lot of changes in the moral values and cultural structure of the people in the country. Decline of joint
family system and the mushroom growth of nuclear family in the society have created more orphans. Increase of unwed mothers also act as a factor for stimulating the growth of orphans as the unwed mothers hesitate to express themselves to the society that they have given birth and thus shelter them in orphanage or throw the child on the road side. There is also a steady increase of broken family due to family disorganization, divorce and extra marital affairs in the society. Hence orphanage is said to be the only heritage for socially handicapped children.

(iii) Economic Factors

The more number of siblings and sudden death of parents who are the bread winner of the family compel the adolescents to go for work due to economic crisis which is against the wish of the adolescent and forces them to become a run away from home and wander in the streets.

(iv) Other Factors

The factors such as inability of the mother or father to bear the loss of their life partner make them to become psychologically depressed and unable to take care of their adolescent child make them to shelter in institution or in streets. Occurrence of disasters both natural and manmade increases the growth of orphans. (S. Hajane, 2005)

Challenges Faced by Adolescent Orphans

(i) Poor Psychological and Social Adjustment

The impact of demise of parents has a great influence on the psychological and social development of the adolescent orphans. They have stunted emotional intelligence and poor life skills like communication skills, coping skills, decision making skills and always possess the fear about future and thus develop insecurity feelings. They also hesitate to mingle with others in the orphanages and schools and feel isolated.
(ii) **Inadequate Nutrition and Poor Health**

Adolescent orphans find it very difficult to fulfill their basic needs that are necessary for their physical and psychological growth. Even among the institutionalized orphan who provide food three times a day may not be able to provide nutritious diet as the institution has to serve several hundreds of children every day. Moreover, there is also the risk of easy spread of infection from one to another as the orphans will be made to sleep in a common room, dine in the common hall and are provided with common toilets which stimulate the spread of infection.

(iii) **Lack of Educational Opportunities**

In general, orphans also have the problem of finding a school because of their poverty and economic condition and they may not be able to continue their studies. The institutionalized orphans may have an opportunity to go to school but adolescent orphans do not put their heart and soul to study as they do not know the value of education and receive less motivation to aim higher. Hence there may be an increase of school drop outs in adolescent orphans.

(iv) **High Risk of Exploitation**

Orphans also have the risk of being exploited by others in the society especially from care takers, family members, and neighbours. This fixes them in tight corners as they are said to be the only source of support for the adolescent orphans and being exploited by them. It also aggravates the problems of abuses in the society.

(v) **Lack of Economic Stability**

Orphans often face the problem of economic stability because they do not have people to bear their expenses and they suffer to fulfill even their basic necessities of life such as food, shelter, and clothing. They sometimes work heavily to survive and to get their wishes fulfilled. The situation of adolescent
orphans is very worse as they face lot of financial constraints and cannot enjoy their life like other adolescents.

**Influence of Orphanhood on Adolescents**

Orphanhood has a vital impact on the physical, psychological and social development of adolescents.

(i) **Biological Impact**

Generally adolescent orphans run a risk of being malnourished, stunted or not receiving the proper care they require than the other adolescents who have parent to take care of them. Without adequate material, economic and nutritional support, the adolescent orphans are vulnerable to malnutrition and infectious diseases. It is likely that orphans, who have been deprived proper nutrition, may be stunted (Barnett & Whiteside 2002: 201). Stunting is caused by poor nutrition over an extended period. Stunting not only leads to poor physical conditions, but also compromised of immune systems and mental functioning. The adolescent’s ability to benefit from education and to function socially and economically later in their lives is also subsequently affected. The physical impact of adolescent orphans thus may include malnourishment, stunted growth, child labour, physical poverty, premature parenting, vulnerability to sex, being sex objects, and struggle to fall asleep (Barnett & Whiteside, 2002: 212; Demmer, 2004: 40; Van Dyk, 2001: 334-33). Adolescent orphans come to orphanages not on interest but their destiny brings them there. The health problems of adolescent residing in orphanages are complex and clearly related to the sub-standard living conditions in the institutions. Malnourishment during adolescent period delays the onset of puberty. Institutionalization deprive orphan from their normal physical development in the aspects of endomorphy, mesomorphy and ectomorphy. (Ginjinder Kaur Lamba and S.P.Singh, 2009)
(ii) **Cognitive Influence**

Cognition is a thought process which mainly focuses on an individual ability to perceive things, store the ideas and analyze the ideas and reflect the ideas in the behaviour. Adolescent orphans have lot of distraction in their thought process due to the death of their parents and may not be able to concentrate fully on the work they do especially in their studies such as lack of concentration in class, lack of attention, unable to recollect the happenings in the previous class, unable to think clearly, do not have the interest to continue their studies, develop low self-esteem, feel inferior about themselves, exhibit poor performance in the class, exams and at times they may also become dropout from the school. It is discovered that thought process of intellectually challenged, psychologically disturbed and traumatized adolescent orphan are relatively slower and they often display poor verbal expression.

(iii) **Social Influence**

Socialization is a process which starts at family. But adolescent orphans do not get an opportunity to learn the behaviour of their parents and have no role model to shape their personality. The death of parents denotes that the surviving adolescent face deteriorating family conditions that hinder personal development and successful integration into society as productive citizens. They do not have family members to guide them and educate them on importance of family bond, interpersonal relationship and living along with society. Adolescent orphans need to acquire the cultural values and behavioral norms necessary for their integration into society. They also do not understand the acceptable way of behaviour and they show their hatred towards their care givers, guardians, teachers and others in their environment. Lack of supervision, neglect from relatives, single parent, may result in the poor mental health status among orphans. They even isolate them in the residential institutions and do not try to maintain cordial relationship with other students in the class as they do not know to maintain and they be very timid and shy in their behaviour.
They consider themselves to be worthless and even become addict to anti-social activities. When parents die, adolescents often act out their feelings of anger, resentment in anti-social behaviour towards their guardians, teachers, caregivers and friends. Some may be angry with God. Furthermore, stigma and stress may cause the adolescent orphans to dissociate from the usual mix with other adolescents. Teachers also report that these adolescent orphans are apathetic, excessively reserved or inappropriately serious in the classroom, and do not play and laugh as much as other adolescents. They are often unable to mix freely with their schoolmates (Foster et al, 2005: 76). The institutional environment plays a major role on the socialization process of adolescent orphans.

(iv) Psychological Influence

In losing a parent or parents orphans undergo a lot of trauma of coping with their lives and emotional loss. Orphans are vulnerable children and experience psycho-social problems like

- Worry about their future, usually in silence
- Feel different from other children
- Lose opportunities—such as of an education
- Pain of watching parents suffer and die
- Change homes, sometimes more than once
- Lack adult love, guidance and protection
- Incur teasing, isolation, gossip, and even neglect and abuse.
- Feel shame, depressed, fear and anxious
- Grief and sadness towards their parent death
- Withdraw from the society.
- Orphans experience normal stresses, avoidance, discrimination and fatalism.
- They are stigmatized and experience behavioral disturbances.
• They commonly show signs of lack of self-confidence and low self-esteem. (S. Hajane, 2005).

The orphans psyche, mental health and general health are affected due to the circumstances under which they live. Orphans are often and most likely affected by psychiatric disturbances and is closely related to psychological disturbances e.g. expression of anxiety, depression, impaired concentration, aggression, memory loss, feeling of insecurity. Orphans often show feeling of helplessness and suffer the strain of marginalization and stigmatization by the society.

Abuse of the orphans, trauma of losing their parents, challenge of fending for them mounts into a serious psychiatric disturbances. It has been shown from literature that due to lack of proper nutrition or no food at all, may cause hallucinations and behavioural disorders. When the brain is undernourished neurological malfunction occurs, posing a psychiatric problem and becomes difficult for such children to cope with their academic studies.

In the present study the researcher has concentrated some of the psychological correlated and mental health of the adolescent orphans.

**Manifestation of Psychological Problems in Adolescent Orphans**

Adolescent orphan when they were in the childhood the separation or loss of parents are not much worried and grieved as they were too young to feel and know the consequences. But they suppress their emotion which is reflected in adolescence as anger and depression. They may even be separated from their siblings to other places without their due consideration and kept in a new atmosphere to live on their own under the new care giver who may not understand the need of the adolescent and this makes them unhappy and sad. They feel lonely and helpless and do not like to develop healthy relationship with others in the new environment. They also do not know to adjust with others.
and talk with them. Thus they will turn to be very timid and introvert in their personality. They may sometimes be compelled to do heavy work which also creates unwanted stress in them. This may be exhibited in the form of confusion, anxiety, fear and frustration. They may even be denied of education which is very essential for their survival and due to which they remain ignorant of the worldly events. The problem aggravates when they come across the stage of adolescence where they do not have the necessary ability to cope up with these challenges and develop psychological problems. Thus it affects the mental health of the adolescent orphans.

Theoretical background of the study

Theoretical frame work for the present study is guided by the famous psychologist Bronfenbrenner’s (1979) ecological system model of human development. He emphasizes that development is influenced by a series of environmental systems as a set of nested structure. These system include the micro- system, the meso-system, the exo- system, the macro system and the chrono-system. The micro- system refers to that immediate interaction of individual with other people for example institution, peers, teachers and caretakers. Bronofenbrenner points out that the increase in the numbers of individual’s micro-system has more enduring reciprocal relationships, increase in the size of the system will enhance human development. The meso-system refers that the interrelationship among the various institution and organisations. In these interrelationship the initiatives of the individual, single parents and guardians involvement in linking to the orphanages and the school has influence in determining the quality of the individual’s meso- system. The exo-system refers to the quality of interrelationship among various social institutions which is influenced by forces by which the individual does not have any active role, but have a direct bearing on care takers, single parents and other adults who interact with the individual. These may include the caretakers, single parents and guardians work place and school system. The
macro-system refers to the actual culture of an individual. The cultural contexts involve the socio economic status of the person and or his institution, his ethnicity or race etc., they provide the broad ideological and organisational patterns within which the meso and exo- systems reflect the ecology of human development. It may be a change through evolution and revolution.

In the present study the innermost circle of the system describes the personal characteristics of the adolescent orphans such as age, education, health and other personal attributes. The micro system level, describes the institutional environment, care takers, single parents and guardians of adolescent orphans. The meso- system level describes the characteristics of the social institutions and organization in which the adolescent orphans come in contact with such as institutional environment, school, single parents, care takers and guardians socio economic condition, work place and religious institutions. In the exo- system level, there is interconnection between the various social institutions that do not have direct role on adolescent orphans but influence through their institutional environment for example relationship with caretakers have impact on adolescent orphans mental health. At the macro level, the socio cultural norms influence the institutional environment and it reflects on their mental health status. Hence there is a strong interconnection between the various sub system with which the adolescent orphans come into contact. It has a greater influence on the psychological correlates and their mental health status of them.
Figure 1. Ecological System Model

Conceptual Framework of the Study

Figure 2. Conceptual Framework of the Study
The study on psychological correlates and mental health of institutionalized adolescent orphan was described based on the following conceptual frame work. Mental health is considered as the key variable for the study on adolescent orphans who are in institutional care. The researcher in the present study measured the Institutionalized adolescent orphans’ mental health based on the selected psychological variables such as stress, insecure feeling, anxiety and depression. These variables are interrelated to each other and are the contributing and concomitant factors at the same time these variables are sufficient enough to be studied distinctly also.

Institutionalized adolescent orphan experiences lots of mental and emotional strain, which puts them in a stressful situation. This leads them to a state of being or feeling not confidence or not firm and makes them to develop insecurity feelings.

Insecurity feelings will lead an adolescent orphan to become anxious and develop anxiety, which may lead them to be depressed.

Depression in adolescent orphan may put them in a sad state which may infact affect their mental health status.

**Adolescent Orphans and Stress**

Hansselye (1936) defines stress as the nonspecific response of the body to any demand made upon it. It is considered to be an internal state or reaction to anything consciously or unconsciously perceive as a threat, either real or imagined. Stress can evoke feeling of frustration, fear, conflict, pressure, hurt, anger, sadness, inadequacy, guilt, loneliness or confusion. Adolescent orphans those who are under stress often are unable to concentrate or perform effectively and efficiently.

Stressful life events constitute a potential threat to the mental health and physical development of adolescents. Large numbers of adolescent orphans are
faced with stressful experiences that include acute traumatic events, adversity such as the death of a loved one or both parents, the accumulation of stressful life events and daily hassles (Garmezy & Rutter, 1994). The stress may be an event or situation related and also based on the adverse effect which are being induced through physiological and psychological changes. This calls for individual skills or abilities and also outside social support to overcome such stressful situation. Nevertheless each individual tend to reflect differently in the same situation. Understanding the role of stress in the lives of adolescent orphans has both theoretical and practical significance. At the theoretical level, prevailing models of adolescent psychopathology recognize the potential importance of environmental stress in the etiology and maintenance of both internalizing and externalizing disorders in adolescent period (Grant & Compas, 2003), and at the practical level, numerous conditions pose threats to adolescents. This is reflected in high levels of poverty, violence and family adversity; as well as in high rates of emotional and behavioral problems among adolescent orphans (Grant et al., 2003).

Two approaches have been proposed as definition of stress among adolescent orphans which include;

a) Exposure to environmental events (e.g. loss of a loved one, natural disaster, chronic conditions and poverty) that represent objective measurable changes or characteristics of adolescent orphans’ environmental conditions (Grant et al., 2003).

b) Stress is further defined in the transactional models that view stress as a relationship between environmental events or conditions and adolescent orphans’ cognitive appraisals of the degree and type of challenge, threat, harm or loss (Lazarus & Folkman, 1984). The transactional perspective states that the occurrences of stress is dependent on the degree to which adolescent orphans perceive environmental demands as threatening,
challenging or harmful (Grant et al., 2003). Ones’ experience of stress is therefore dependent on the person’s interpretation of a given environment as taxing or exceeding their resources and endangering their mental health.

The adolescent orphan those who face internalized stress may also experience insecurity feelings.

**Adolescent Orphans and Insecurity Feelings**

One of the basic psychological needs that contribute to the mental health of the adolescent orphans is security feeling. Parents in the home atmosphere foster it by proper upbringings. An adolescent who is deprived of love and affection at home or deprived of home and parental care would feel highly insecurity and they are likely to carry over this feeling to their day to day life. The insecurity feeling is a feeling of general unease or nervousness that may be caused by perceiving oneself to be unloved, inadequate or worthless. An adolescent orphan who is insecurity lacks confidence in their own value and capability, do not trust in themselves or others, or has fears that a present positive state is temporary and will let them down and cause them loss or distress by going wrong in future.

Horney (1964) defines “security feeling as the need to feel safe from the dangers of a hostilities and threatening world”, since it involves freedom from fear, uncertainty and doubt. The sense of security feeling is essential for the health, growth and development of adolescent orphans. Persistent insecurity feeling keeps them in a stirred-up state. The main determinants of the emotionally security feeling are immediate social environment, parents and siblings. The relationship between the parents and the interaction with parents and siblings lays the foundation stone for the adolescent’s emotional state.

Insecurity feeling is not an objective evaluation of individual’s ability but an emotional interpretation, as two people with the same capability may have entirely different level of insecurity feeling. Insecurity feeling manifests itself
in several ways. The symptom of insecurity feeling are chronic anxiety, scrupulosity, excessive timidity, social inadequacy and perfectionistic idealism. If the insecurity feeling in the adolescent orphans become chronic, they many lead to personality disintegration. Insecurity feeling among adolescent orphans may cause shyness, social withdrawal or alternatively it may encourage compensatory behaviours such as arrogance, aggression or bullying. Aggressiveness and hostile behaviours are common when insecurity orphan try to compensate their feelings. The greater the insecurity feeling the higher may be the degree of isolation among adolescent orphans. Bowlby (1989) expressed that lack of security feeling can lead to atypical development including stress, anxiety, delinquency, depressive illness personality deviation and mental health problems. The adolescent orphan those who face insecurity feeling may also experience anxiety.

**Adolescent Orphans and Anxiety**

Anxiety is an unlikable form of inner confusion accompanied by nervous behaviour. It is a personal unpleasant feel of dismay over anticipated events. It is different from fear because it is the expectation of future threat. Anxiety is a feel of fear, worry and uneasiness generally unfocussed as an overreaction to a situation that is seen as threatening. It is accompanied by muscular tension, impatience, exhaustion and problems in concentration. Anxiety is defined by Barlow as “a future oriented mood state in which one is ready or to attempt to cope with upcoming negative events”. Everyone experiences anxiety at some point of time in their life but it becomes a problem when it persists for long period of time.

Adolescent orphans can see the changes taking place in their family due to the death of their father or mother or both but may feel helpless because they cannot change anything making them feel anxious, guilty, depressed and helpless. No other member seems to understand them and thus they internalize their emotions. They are not given an opportunity to express their emotions and
at times they also find it very anxious to express their emotions verbally. When they are not encouraged to express their anguish, it manifest itself in various negative ways such as nightmares, disturbing thoughts, somatic problems, lack of knowledge about proper sex roles behaviour, aggression, unworthiness, guilt for being alive, profound pull towards death, fear of self, low self esteem and anxiety.

There are several factors which are associated with the death of the parents and act as potential sources of trauma and anxiety such as

- For being a spectator to the process of dying
- Loss of love, affection and material support
- Poor household situation due to the death of the breadwinner
- Problems in fulfilling basic necessities
- Shifting the residence from one place to another
- Adaptation to new family structure and environment
- Indifference shown towards them and exploitation in the orphan institution. (Alice Behrendt & Serigne Mor Mbaye, 2008)

Thus the psychosocial distress associated with anxiety, loss of parental love and nurture, burden for others, impact of family dissolution, stigma, discrimination and frustration has a great on the mental health of adolescent orphans. The adolescent orphan those who face anxiety may also experience depression.

Adolescent Orphans and Depression

Depression is a mood of sadness, feeling lifeless, helpless, hopeless, worthless, empty, apathetic, angry, aggressive and restless which affect the day-to-day activities of an individual such as ability to work, study, eat, sleep and have fun. Signs and symptoms of depression are as follows
• **Feel of helplessness and hopelessness:** An individual feels that nothing could be done to improve the situation after the outbreak of dreadful life events.

• **Loss of interest in daily activities:** An individual do not show any interest in taking up the daily activities such as studying, meeting friends and having fun with them due to a miserable events.

• **Appetite or weight changes:** Sometimes are individuals may show keen interest in eating and sometimes they may not show any interest in eating at regular intervals due to which there may be some changes in their body weight.

• **Sleep changes:** There may be radical changes in the sleeping pattern of the individual such as insomnia or hypersomnia.

• **Anger or irritability:** Even small things irritates an individual and makes to lose temper and become angry, agitate and even violent.

• **Loss of energy:** An individual may feel very tired and the energy has exhausted and may not be able to do even simple work.

• **Self-loathing:** An individual may feel guilty and selfless and even curse themselves for their actions and deeds.

• **Undesirable behaviour:** An individual may indulge in undesirable behaviour such as substance abuse, smoking in order to escape from the problem.

• **Concentration Problem:** An individual may not be able to make decisions with regard to the life where and always in confusion and lack concentration in any work.

• **Unexplained aches and pains:** An individual may have increased physical complaints such as body pains and aches all the time and thus feel lazy to do any task.
Loss of parents is a very great tragedy for the adolescents and the effects will manifest in the long run. Because, the adolescent may not only miss their physical presence but also miss many positive things they acquired from their parents such as love, care and protection. These adolescent orphans do not have anyone to share their grief and this aggravates their feeling of depression. Several factors are associated with their feel of depression such as

- Lack of social support to share their grief
- Inadequate ability to adjust to new family environment
- Financial crisis at home
- Anxiety about their future including the prospect of not finishing school education.
- Neglect or abuse in the institutional care

Adolescents entering into institutional care during their childhood period report more depressive symptoms and have a higher prevalence of clinically significant depressive symptoms than children reared at home. Depression might be associated with a history of abuse or neglect, family dysfunction, and family history of alcohol or drug abuse, female gender, and older age. The multiple stresses and risk factors experienced by adolescents when their parents are expired, it include fear, worrying, observing and caring for ill parents in pain, social stigmatization, hospital visitation and shattered hope (Wild, 2001). These effects have the potential to cause anxiety, poor self-esteem and depression (Germann, 2005). Christ & Christ (2006) say that grieving younger adolescent orphans are vulnerable to depression than older orphans as well as female adolescent orphan are more depressed than male counterpart. The depression that adolescent orphan experience affect all aspects of their lives and may lead to energy loss, sadness, weight changes, feeling of worthlessness, difficulty in sleeping or oversleeping, loss of interest in social activities and suicidal thoughts or thoughts about death (Foster & Williamson 2004). It is alarming to know that most of the children living in orphanages in Kashmir suffer from psychiatric and
emotional disorders including depression. The survey has recognized the higher rate of psychiatric and emotional disorders to orphanages failing to provide adequate facilities and psychosocial support to these adolescents. (Arif shafi wani, 2012). From the above, it is revealed that the psychological correlates are interconnected and it may lead to mental health problem of institutionalized adolescent orphans.

Adolescent Orphans and Mental Health Status

Mental health has been variously conceptualized as a positive emotion (affect) such as feeling of happiness, a personality trait inclusive of the psychological resources of self-esteem mastery and resilience, which is the capacity to cope with adversity. Mental health contributes to all aspects of adolescent orphans’ life. It has both material and immaterial or intrinsic values. Good mental health is an important resource for individuals, families, communities and nation. Mental health as an inseparable part of general health, contributes to the function of society, and has an effect by and large on productivity. Only those who are mentally healthy can become productive by enhancing others as well as in the process of development.

Adolescent orphans with mental health problems are more likely to:

- Report feeling very stressed.
- Have poor or fair physical health, preform low at school, or use of alcohol or other drugs and
- Think about killing themselves (Zubrick et al 1995)

There is increasing evidence that many mental health problems that occur in childhood continue into adult life carrying with them an increased risk of adult mental health disorder, death, delinquency, crime, unemployment and hopelessness (Rutter, 1995). According to Warr (1987) adolescents’ mental health has five major interrelated components: affective well-being (happiness), competence, internal locus of control, aspiration and integrated functioning or
adjustment. Adolescence is a particularly unique period in the orphans’ life because it is a time of intense physical, psychological and cognitive development. Mental health is fundamental to adolescent orphans’ physical health, quality of life and productivity.

The lack of attention to the mental health problems among adolescent orphans may lead to mental disorders with lifelong consequences, complications with health matters and reduces the capacity of the orphans and society to be safe and productive. Deaths have affected many families and it resulted in the majority of people experiencing grief, including adolescents. However, adolescents need to develop healthy patterns of grieving to cope with life’s sorrows. If adolescent orphan do not deal with their grieving process, they will be vulnerable to mental health problems and may have many anxieties about the deaths of their parents (Wolfelt, 2002). Adolescent orphans those who does not get an ideal environment and may lead to mental health problems (Erikson, 2001).

Orphans reared at the institution for long period had a detrimental effect on poor mental health compare to the foster care and home based rearing. Parental loss exposes the child to the long term psychological disturbance. It’s greater among the children who have lost the parent of their same sex. Institutionalized orphans have negative outcomes of their behavior because of inadequate caregiving, lack of stimulation and the absence of a consistent caregiver. Adolescent orphans’ mental health problems will have significant adverse psychosocial outcomes in their adulthood like antisocial or maladaptive behavior, depression and suicide. It is a substantial burden on the community.

Good mental health is characterized by satisfactory emotional, social and behavioral functioning. This is reflected by positive feelings about oneself and ability to interact well with others and meet the demands routines of everyday life. The mental health problems of adolescent orphans are usually due to the
risk factors like biological, genetic, family relationship, experiential and social environmental.

According to Ahmad and others (2005) mental health problems continued to increase with in the orphans from orphanages than foster care. Even among internationally adopted children, those who had previously stayed in orphanage were more likely to have develop mental health problems at least in the short/medium term than those previously in foster care (Miller, Comfort and Tirella, 2005).

However, numerous risk factors for poor mental health that have been identified in adolescent orphans that include the type of relationship with the new caregiver and his family, movement from home to relatives, separation from siblings, poverty, inability to attend school, stigma related to parents death, high mortality risk, poor psychosocial function, economic exploitation, violence loss of peer interaction and increased responsibility on the homestead. (Cluver, L.D., F. Gardner, and D. Operario, 2008.). So the special effort should be made to improve the mental health status of adolescent orphans.

Relevance of Social Work

Adolescents require a family, child friendly school and community to prepare them to meet the demands of the future adult life. However, orphanhood, poor schooling, negative social interactions and many psychological stressors do have negative impact on the life, hopes, and dreams of the adolescent orphans. The death of a parent is a major loss for an adolescent. Adolescents need parents in their formative years.

The institutionalized adolescent orphans exist in all societies; the pattern of this care differed from society to society and from time to time and depends on the contemporary social attitude toward them. Majority of the societies had attached some stigma toward adolescent orphans. The institutionalized adolescent orphan who does not experience the continuous warmth of love and
attention from the caregivers would feel that they are unwanted and think negatively about their future. They also develop isolation, anger, fear, depressed, feel insecurity, stressed and so on which will affect their overall mental health.

The future of a nation rests on its adolescents’ hand. Their mental health is an important indicator of a country’s development. Their talent and capabilities have to be nurtured, without which they have a skewed mode of growth. In many developing countries, this sensitive group is treated with callousness and indifference. There are many reasons for it such as the dissolution of the joint family system, growth of nuclear families and consumerism. So the orphans become uncared. Losing a parent exposes an adolescent to long-term psychological disturbances, which is greater if the parent is of the same sex. Long-term institutional care in adolescent period is linked with behavioural and emotional problems and can negatively affect their personality development.

In this present scenario the researcher assesses some important psychological correlates like stress, insecurity feeling, anxiety and depression that affect the mental health of adolescent orphan in institution. These domains are interrelated as contributing and concomitant factors for mental health status in adolescent orphans. The socio-demographic characteristics of the adolescent orphans and their association, difference and relationship with the psychological variable are also investigated. The outcome of the study will help to know the implications of institutional care among adolescent orphans and to frame suitable social work interventions to enhance the mental health status of adolescent orphan in institutional care and reintegrate them into the society. In order to do that, relevant studies are reviewed and discussed in the second chapter.

**Rationale of selected orphanages**

This descriptive study was done by collecting data from six Government aided orphanages in Tiruchirappalli. They are Sri Krishna Home
– Manachanallur, Jaya Orphanage Home – Aravangottai, Tamil Nadu
Manavar Illam – Kailasaburam, St. Arulappar Boys Town – Manaparrai, Tamil Nadu
Pengal Nala Sangam – Airport, Trichy
Seva Sangam – Tiruchirappalli.

Sri Krishna home was established in the year 1978 by Mr. Srinivasan at the Manachanallur. Initially this institution provided care and protection only for boy, after 1982 the institution provided care and support for both boys and girls. At present the institution has 58 adolescent orphans and 6 caretakers. They cater the basic needs to them.

Jaya orphanage home was established in the year 1982 in the name of Jaya Palwadi. The strength of the institution was 36 adolescent orphans with both boys and girls and 3 care takers. This institution provides care only to the double orphans.

Tamil Nadu Manavar Illam located at Kailasaburam it has 32 boys adolescent orphans with 2 care takers. The institution also provided good care and support for the orphans in the field of vocational training.

St. Arulappar Boys Town was in Manaparrai, it is the boys orphanage run by a religious minority group. The institution has 57 orphan children with 12 caretakers. The institution provides the best of opportunities in the field of education, games, sports and imparts an all-round development of the orphan children.

Ms. Veeramal started Tamil Nadu Pengal Nala Sangam in the year 1981. At present the institution has 82 girl adolescent orphans with 20 care takers in the form of home mother concept. It also has schools, tailoring institution for the welfare of the orphan children.

Seva sangam is a voluntary organization run by women. Service to man is service to god. Based on this principle this institution emerged to serve the public. The institution was founded in the year 1948. Presently the institution
has 95 adolescent orphan girls and 15 caretakers. They are given free boarding and education facilities up to secondary level.

Though these orphanages are Government aided which provide food, shelter and clothing, the orphan adolescents may face psychological problems which may cause poor mental health in them. Hence it should be studied and possible Social work intervention should be given. In order to do that, relevant studies are reviewed and discussed in the second chapter.